

*Your patient has upper GI bleeding from non variceal causes
What are the chances that he may have an adverse event?*

Dr Sanjay Salunkhe

Scoring according to Rockall

variable	Score 0	Score 1	Score 2	Score 3
Age	<60	60-79	>80	
Shock	P<100, Sys BP>100	P> 100 BP>100 postural hypotension	BP<100	
Comorbidity	none		Cardiac failure IHD, etc.	renal failure liver failure dissem Ca
<u>After endoscopy</u>				
Diagnosis	no lesion MW tear no stigmata of bleed	All other diagnoses	Malignancy	
Major stigmata of recent bleed	none / dark spot only		blood in upper GI adherent clot visible vessel spurting vessel	

Dr Sanjay Salunkhe

Rockall score before endoscopy is predictive for mortality

**Rockall Score
before endoscopy**

if 7;	mortality 75%	(45-100)
if 6;	mortality 62%	(50 - 73)
if 5;	mortality 35%	(27-43)
if 4;	mortality 21%	(17 - 25)
if 3;	mortality 12%	(8.6- 16)
if 2;	mortality 5.6%	2.8-8.5)
if 1,	mortality 3%	(0.6-5.3)
if 0,	mortality 0.0%	(0.0 - 1.2)

Dr Sanjay Salunkhe

After endoscopy & therapy; the Rockall score is predictive for mortality & rebleed

if 8+;	mortality	40% (30-51),	chance of a rebleed will be	37%	(27-47)
if 7;	mortality	23%(15-31),	chance of a rebleed will be	37%	(28-46)
if 6;	mortality	12% (6.3-17),	chance of a rebleed will be	27%	(20-43)
if 5;	mortality	11% (6.3-15),	chance of a rebleed will be	25%	(19-31)
if 4;	mortality	8.0% (4-1.2),	chance of a rebleed will be	13%	(10-21)
if 3;	mortality	1.9% (0-3.9),	chance of a rebleed will be	12%	(6.8-17)
if 0-2;	mortality	0% (0- .9),	chance of a rebleed will be	5.9%	(3.3-8.5)

**Rockall Score
after endoscopy
& therapy**

Dr Sanjay Salunkhe

Rockall TA, Logan RFA, Devlin HB, Northfield TC,
Risk assessment after acute GI hemorrhage
Gut, 1996; 38:316-21.

Dr Sanjay Salunkhe